

JUN. 23. 2006 2:27PM

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## **FACSIMILE COVER SHEET**

**DATE:** June 23, 2006

**TO:** Examiner HONEYCUTT, **FAX NO.:** 571-273-8300  
Kristina B.  
USPTO GPAU 2178

**FROM:** Jeffrey G. Toler  
Reg. No.: 38,342

**RE U.S. App. No.:** 10/604,608, filed August 4, 2003

**Applicant(s):** Scott H. Mills, et al.

**Atty Dkt No.:** 1033-T00505

**Title:** FLEXIBLE MULTIPLE SPREAD SHEET DATA CONSOLIDATION  
SYSTEM

**NO. OF PAGES (including Cover Sheet):** 21

### **MESSAGE:**

Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Revocation and Power of Attorney, Change of Correspondence Address,  
and Appointment of New Power of Attorney (1 pg)
- ☒ Fee Transmittal (in duplicate) (2 pgs)
- ☒ Brief in Support of Appeal (16 pgs)

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PTO/SB/21 (09-04)

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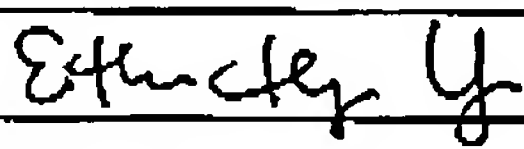
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/604,608	
	Filing Date	August 4, 2003	
	First Named Inventor	Scott H. Mills	
	Art Unit	2178	
	Examiner Name	HONEYCUTT, Kristina B.	
Total Number of Pages in This Submission	21	Attorney Docket Number	1033-T00505

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <b>CUSTOMER NO.: 60533</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Toler Schaffer, L.L.P.		
Signature			
Printed name	Jeffrey G. Toler		
Date	6-23-2006	Reg. No.	38,342

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Signature			
Typed or printed name	Esther H. Yu	Date	6-23-2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/604,608 Filing Date August 4, 2003 First Named Inventor Scott H. Mills Examiner Name HONEYCUTT, Kristina B. Art Unit 2178 Attorney Docket No. 1033-T00505	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED GENERAL FAX CENTER JUN 23 2006	
TOTAL AMOUNT OF PAYMENT (\$) 500.00			

## METHOD OF PAYMENT (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =	x	=	
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =	x	=	
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HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =	/ 50 =	(round up to a whole number) x	=	
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## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Brief in Support of Appeal Filing Fee

Fees Paid (\$)

500.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 38,342	Telephone 512-327-5515
Name (Print/Type)	Jeffrey G. Toler	Date	6-23-2006

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